

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
AUG 31 2011 PM12:54

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
FISHER	MELVIN	P74800	Melvin Fisher
HOUSING/BED NUMBER:	ASSIGNMENT:	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):	
Delta North 218			
HOURS FROM _____ TO _____			

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

Warden Figueroa I need to have an interview with you concerning the agreements we had concerning Cognitive Behavior Program and it was to show you proof of a completion of a program and you would remove me. Well, I'm still being threatened to be moved to that hostile environment which is an adverse effect on me totally. So I'm asking you to please take care of the situation because its for my safety and rehabilitation!

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

SENT THROUGH MAIL: ADDRESSED TO: *Warden Figueroa, N.B.C.F.*

DATE MAILED: *08/31/11*

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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M5- Sonny, What is this wanting staff? Is this complete now? 9/7/11

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL.. KEEP FINAL GOLDENROD COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

AUG 24 2011 PM1:53

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Fisher,	Melvin	F-74800	Melvin Fisher
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
DN-218			

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

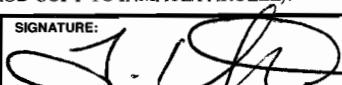
Warden Figueroa, I spoke to you during the audit in the gym concerning your order wasn't carried out by AW Perez. The situation was that upon me showing you proof of a program, you would remove me from Cognitive - Behavior. I had the Salvation Army to send you a letter of completion and they sent me a copy and I showed you and I gave a copy to AW Perez. You also told him to take care of it. AW Perez tells me that it's a committee action and Ms. L Stanley says the same thing, in which it wasn't, I was present and I asked to be placed on labor only list.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

 SENT THROUGH MAIL: ADDRESSED TO: Warden Figueroa N.F.C.F.

DATE MAILED: 08/22/11

 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
T. White	8-22-11		(CIRCLE ONE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL GOLDENROD COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <i>Fisher, Melvin</i>	(FIRST NAME)	CDC NUMBER: <i>F-74800</i>	SIGNATURE: <i>Melvin Fisher</i>
HOUSING/BED NUMBER: <i>Goff-Bravo 127</i>	ASSIGNMENT: <i>Cognitive Behavior</i>	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <i>Photos of Injury</i>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

*I'm requesting photos of my injury
for my litigation. I have ask Unit Manager Ware, CC-Smith, Nurse & that
was doing rounds and everybody that came into this pod.*

I need my picture taken so as possible, please, thank you!

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: _____

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <i>Smith</i>	DATE: <i>10-16-11</i>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <input checked="" type="radio"/> YES <input type="radio"/> NO <i>[Signature]</i>
IF FORWARDED - TO WHOM: <i>Wchr</i>	DATE DELIVERED/MAILED: <i>10-16-11</i>	METHOD OF DELIVERY: (CIRCLE ONE) <input checked="" type="radio"/> IN PERSON <input type="radio"/> BY US MAIL <i>[Signature]</i>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL GOLDENROD COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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APPLICANT FOR INTERVIEW - NEW OR SERVICE

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INMATE PAROLE REQUEST

Fisher, Melvin	E-74900	Melvin Fisher
Geff Brown 137	Country Rebabies	Heads of Town

10. The following table shows the number of hours worked by 1000 workers in a certain industry.

THE SERVICE CENTER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE

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DO YOU WANT THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: Chief Hagerman, I was told on 03-17-11 appx of 11:30am by Unit Manager Weber that he was watching for you and was going to get pictures of my injuries. "Chief Hagerman is asking for you to get pictures taken of my injuries for litigation, please, thank you!"

15. My face is evidence and I need the pictures right away.

***METHOD OF DELIVERY (CHECK APPROPRIATE BOX) *NO RECEIPT WILL BE PROVIDED IF THIS IS CHECKED**

- SENT THROUGH MAIL: ADDRESSED TO: _____
 DELIVERED TO STAFF STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE: _____

WE4R	10/12/11	✓/not -	- 0 -
HAGERMAN	10/12/11	- - -	- 0 -

SITUATION B: STAFF RESPONSE

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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL.

100% of the time, the system was able to correctly identify the target word.

SECTION D: SURVEYOR'S REVIEW

NAME _____ **DATE** _____ **GRADE** _____

INMATE/PAROLEE APPEAL SCREENING FORM

-PLEASE FOLLOW INSTRUCTIONS AND RETURN WITH YOUR CDCR 602-

Name : Fisher, Melvin CDCR# : F74800 Issue : Staff Housing : JB206

YOUR CDCR 602 APPEAL FORM HAS BEEN REJECTED AND IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S). YOU HAVE 30 CALENDAR DAYS TO CORRECT THE PROBLEM AND RESUBMIT YOUR APPEAL:

- 1. The action or decision being appealed has not yet occurred.
- 2. No material adverse effect demonstrated.
- 3. Limit of one non-emergency appeal per 14 calendar days. Last appeal filed on .
- 4. Appeal contains threatening, obscene, demeaning or abusive language.
- 5. Limit of one CDCR 602-A may be attached.
- 6. General allegation. Appeal does not state facts or specify and act or decision to support the allegation.
- 7. Incomplete – Supporting Documentation Required:
 - CDCR Form 22 CCA 16-1B – Unacceptable Mail
 - CCA 13-80A3 – Medical Request CCA 16-1H – Other Denied Mail
 - CCA 16-1G – Denied Publications
 - CCA 9-5B – Cell Search Receipt Other: COCF 695
- 8. Appeal contains multiple, unrelated issues.
- 9. Pointless verbiage/Excessive unrelated documentation.
- 10. Incomplete – CDCR 602, 602-A or 602-G:
 - Sign and date Section on CDCR 602/602-A Complete Section B on CDCR 602/602-A/602-G
 - Incomplete Primary Appellant information on CDCR 602-G Incomplete additional appellant information on CDCR 602-G
- 11. Appeal or documentation is defaced or contaminated with physical/organic objects or samples.
- 12. Appeal or documentation includes tabs or dividers.
- 13. Not authorized to bypass any level.
- 14. Attempting to change original appeal issue.
- 15. Appeal must begin in Sections A and B. Cannot write "See Attached."
- 16. The action or decision being appealed is not within the jurisdiction of Corrections Corporation of America (CCA). Submit the appeal directly to the California Department of Corrections and Rehabilitation (CDCR).
- 17. Appealing an action not yet taken.
- 18. Other: See "Comments" section below.

YOUR CDCR 602 APPEAL FORM HAS BEEN CANCELLED AND IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- 1. Duplicate appeal.
 - Your first appeal is currently under review at the 1st level.
 - This appeal has been withdrawn.
 - Your appeal was completed, Log # .
- 2. Failure to comply with instructions from previous screen outs.
- 3. Time constraints.
- 4. Cannot submit an appeal on behalf of another person.
- 5. Appellant refuses to be interviewed and/or cooperate with the reviewer.
- 6. Appealing on behalf of a private citizen.
- 7. Appeal resolved at a previous level.
- 8. Other: See comments section.

NOTE: Cancellations may not be appealed except as noted in CCR Section 3084.6(e).

COMMENTS:

Per Title 15 3084.6(c)(4) and the instructions listed on the 602HC you had 30 calendar days in which to file an appeal on this issue. You have exceeded that time constraint.



B. Barton
Grievance Coordinator
North Fork Correctional Facility

2/10/12
Date

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

STAFF USE ONLY

Emergency Appeal

 Yes No

Signature:

Date:

INSTITUTION:

Log #

FOR STAFF USE ONLY

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal Is subject to rejection if one row of text per line is exceeded.**WRITE, PRINT, or TYPE CLEARLY.**

Name (Last, First):

Fisher, Melvin

CDC Number:

F-74800

Unit/Cell Number:

JB-206

Assignment:

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

*Megligence on the employee's behalf causing injuries to an inmate***A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):** *Officer Johnson failed to provide me adequate safety on 10-11-11, during the riot.**During golf-bravo gym schedule at 10:20 am on 10-11-11, me and three other african americans entered the gym guarded by Officer Johnson.***B. Action requested (If you need more space, use Section B of the CDCR 602-A):** *I want to be compensated for my life-long injuries. Also, I'm in agreement with the title 15 handbook at §3415. It states persons who are not employed by the Department of Corrections, but who are assigned to or engage in work at any departmental* **Supporting Documents:** Refer to CCR 3084.3.List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

 No, I have not attached any supporting documents. Reason: *Because it is all on the Peleo Video System here at North Fork Correctional facility - The Mile - Yard 2, expansion gym walk way*
Patient/Inmate Signature: *Melvin Fisher*Date Submitted: *1-19-12*

By placing my initials in this box, I waive my right to receive an interview.

Staff Use OnlyStaff – Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

 Bypassed at the First Level of Review. Go to Section*FEB - 2 2012* Rejected (See attached letter for instruction): Date: *2-10-2012* Date: *2-10-2012* Date: _____ Date: _____ Cancelled (See attached letter): Date: *2-10-2012* Accepted at the First Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in part Denied Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by HCAC: _____

HCAC Use Only

Date mailed/delivered to appellant: */ /*

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

INMATE/PAROLEE REQUEST

RECEIVED

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <i>Fisher, Melvin</i>	CDC Number: <i>F-74800</i>	Unit/Cell Number: <i>JB-206</i>	Assignment:
<p>A. Continuation of CDCR 602, Section A only (Explain your issue): At one time she asked everyone to get against the wall. Then she preceded to count, then we heard that it was multiple inmates fighting over the radio. While trying to get out the gym as the Mexicans (Soreno's) were too, to see what was going on. They doubled back on us (4) African Americans inmates and started attacking us (4) African Americans inmates by approximately 40 Mexicans (Soreno's). In the process of us (African American inmates) trying to get out the gym door, Officer Johnson ran out before us and shut the door and held the door with her feet, causing me to run into the door and to break my nose instantly on the door. If Officer Johnson wouldn't have held the door, I wouldn't have these injuries. I have received a broken nose, two permanent black eye marks that won't leave and pinched nerves in my neck, that hurts constantly and all medical done was stitch me up and sent me to the hospital and hasn't done anything else to help me! Per title 15, § 3271. Responsibility of Employees. Officer Johnson as an employee of CCA and contracted by California failed to provide me with safety. Regardless of her assignment, it is the policy of CCA and California's responsibility to provide me with safety while in their custody. Furthermore, Officer Johnson reactions of state of mind caused me great bodily injuries and harm.</p>			
Inmate/Parolee Signature: <i>Melvin Fisher</i>	Date Submitted: 1-19-12		

B. Continuation of CDCR 602, Section B only (Action requested): Facility must observe all rules, regulations and laws governing the conduct of employees at that facility. Failure to do so may lead to exclusion from department facilities. It is clearly from Officer Johnson failing to provide me safety, instead she caused me harm. Therefore, Officer Johnson should be held accountable to the title 15, § 3271, for her actions and my harm along with my injuries, because she prevented me from away to safety by holding the door with her foot.

Inmate/Parolee Signature: *Melvin Fisher*

Date Submitted: 1-19-12

RECEIVED

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FEB - 2 2012

RECEIVED
Feb. 10 2012

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State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

February 02, 2012

FISHER, F74800
OK-NFORK

STAFF COMPLAINTS, Failure to Act, 02/02/2012

Log Number: COCF-D-

(Note: Log numbers are not assigned to screen out appeals)

The enclosed documents are being returned to you for the following reasons:

Be advised that this appeal issue should be submitted to the appropriate CDCR unit for review.

3rd Notice:

You were already notified on 11-4 and 11-22 that your issue was determined not to meet the criteria for processing as a staff complaint. If you have any medical issues, submit them to North Fork Correctional Facility.

Date submitted by inmate: 10/12/11 (resubmitted 11/13/11 and again on 1-19-12)



R. Flowerree/T. Taber
Appeals Coordinator
Contract Beds Unit (CBU)

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE